



Specialty Independent Review Organization, Inc.

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December 8, 2006

DWC Medical Dispute Resolution  
7551 Metro Center Suite 100  
Austin, TX 78744

Patient: \_\_\_\_  
DWC #: \_\_\_\_  
MDR Tracking #: M2-07-0382-01  
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI-Division of Workers' Compensation has assigned this case to Specialty IRO for independent review in accordance with DWC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Medical Doctor with a specialty in Anesthesia and Pain Management. The reviewer is on the DWC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

This 44-year-old man with a head injury was injured in a work related vehicle accident. He has had plain x-rays of the cervical, lumbar spine, hand and elbow and an MRI of the brain, the cervical and lumbar spine. He had auditory evoked potentials tested. He has had physical therapy sessions. His current pain medications are ultram, lodine, topical nsaid gels as well as another topical admixture. He has not had cervical epidural steroid injections which have been requested.

#### RECORDS REVIEWED

Records from the Carrier: Letter from Harris and Harris; Reviewer comments

Records from Doctor/Facility: Radiology reports; MRI reports; Evoked potential study; Evaluation by Dr. Avant; notes from Dr. Rodriguez; Daily progress PT notes; notes from Dr. Burke-range of motion exam; Bexar County Healthcare Systems diagnostic interview and treatment plan; Notes from Dr. Zarzuela

### REQUESTED SERVICE

The item in dispute is the prospective medical necessity of chronic behavioral pain management times (10) sessions.

### DECISION

The reviewer disagrees with the previous adverse determination.

### BASIS FOR THE DECISION

The proposed course of 10 chronic behavioral pain management treatment sessions is medically necessary.

Guzman et al (Multidisciplinary bio-psycho-social rehabilitation for chronic low back pain (Cochrane review) In: The Cochrane Library, Issue 3, 2004. Chichester, UK: John Wiley and Sons, Ltd.) concludes that intensive multidisciplinary bio-psycho-social rehabilitation with a functional restoration approach improves pain and function as measured by return to work rates. Less intensive therapy did not show improvements in clinically relevant outcomes.

This decision is supported by Clinical Practice Guidelines for Chronic Non-malignant Pain Syndrome Patients II: an evidence based approach. J Back Musculoskeletal Rehabilitation, 1999; 13: 47-58. "It is recommended that chronic non-malignant pain syndrome patients be accepted for treatment if there is a reasonable chance of showing significant improvement in at least three of the first seven program goals (i.e., increased productivity, reduced medication misuse, reduced subjective pain intensity, etc.)".

These include:

- Reduce the misuse, overuse or dependency on medications (defined here as continuous use of therapeutic levels of opioids or sedative/hypnotics, or any other medications for pain or related symptoms, above the maximum recommended daily does or duration, and physical or psychological dependency), and reduce the use of invasive medical procedures.

- Maximize and maintain optimal physical activity and function

- Return to productive activity at home, socially and /or at work

- Increase the patient's ability to self-manage pain and related problems

- Reduce subjective pain intensity

- Reduce/eliminate the use of ongoing health care services for primary pain complaint.

- Provide useful information to the patient and professionals involved in the case to help resolve any medical/legal issues and allow case settlement

He does meet the criteria for at least 3 of the goals and therefore is an appropriate candidate for a chronic pain management program.

#### REFERENCES

Guzman et al, Multidisciplinary bio-psycho-social rehabilitation for chronic low back pain (Cochrane review) In: The Cochrane Library, Issue 3, 2004. Chichester, UK: John Wiley and Sons, Ltd.

Clinical Practice Guidelines for Chronic Non-malignant Pain Syndrome Patients II: an evidence based approach. J Back Musculoskeletal Rehabilitation, 1999; 13: 47-58.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that the reviewing provider has no known conflicts of interest between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the IRO.

Sincerely,

Wendy Perelli, CEO

## **Your Right To Appeal**

**If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.**

**If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.**

Sincerely,

Wendy Perelli, CEO

**I hereby certify, in accordance with DWC- Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the Division via facsimile, U.S. Postal Service or both on this 8<sup>th</sup> day of December 2006**

**Signature of Specialty IRO Representative:**

**Name of Specialty IRO Representative:            Wendy Perelli**